

STATE OF NEVADA

BRIAN SANDOVAL
Governor

MICHAEL J. WILLDEN
Director



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725 Ave "K"
PO Box 151210
Ely, NV 89315
(775) 289-3325
Fax (775) 289-6935

DIETARY SUPPLEMENT LABEL REVIEW APPLICATION

(Please type or print clearly)

Applicant's name _____

Manufacturer's company name _____

Address & phone _____

Company name & address the product is to be manufactured for (if applicable):

*** List the name of each product for label review on page two ***

PLEASE NOTE: Fee is now \$83.00 for each label submitted for review

NAC 446.830 – Fees – Wholesale or Retail Processors of Food...
For a food processing establishment, for each label reviewed -- \$83

***Certificates of Free Sale are limited to 5 products per Certificate. Each Certificate requires the new fee of \$41.00. Separate Certificates are required for each country.

***** For Office Use Only *****

Date Paid: _____ Amount: _____ Check No: _____

Receipt: _____

Received by: _____

DIETARY SUPPLEMENT LABEL REVIEW APPLICATION (Page 2)

Name of each product for label review:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
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18. _____
19. _____
20. _____